ChooseHealth DELAWARE

Delaware Health Care Commission Meeting

December 7, 2017

Road to Value Summary of Public Comments

Secretary Kara Odom Walker MD, MPH, MSHS

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Marketplace Update

Trinidad Navarro

ChooseHealth
DELAWARE

DHSS Substance Abuse Strategic Plan

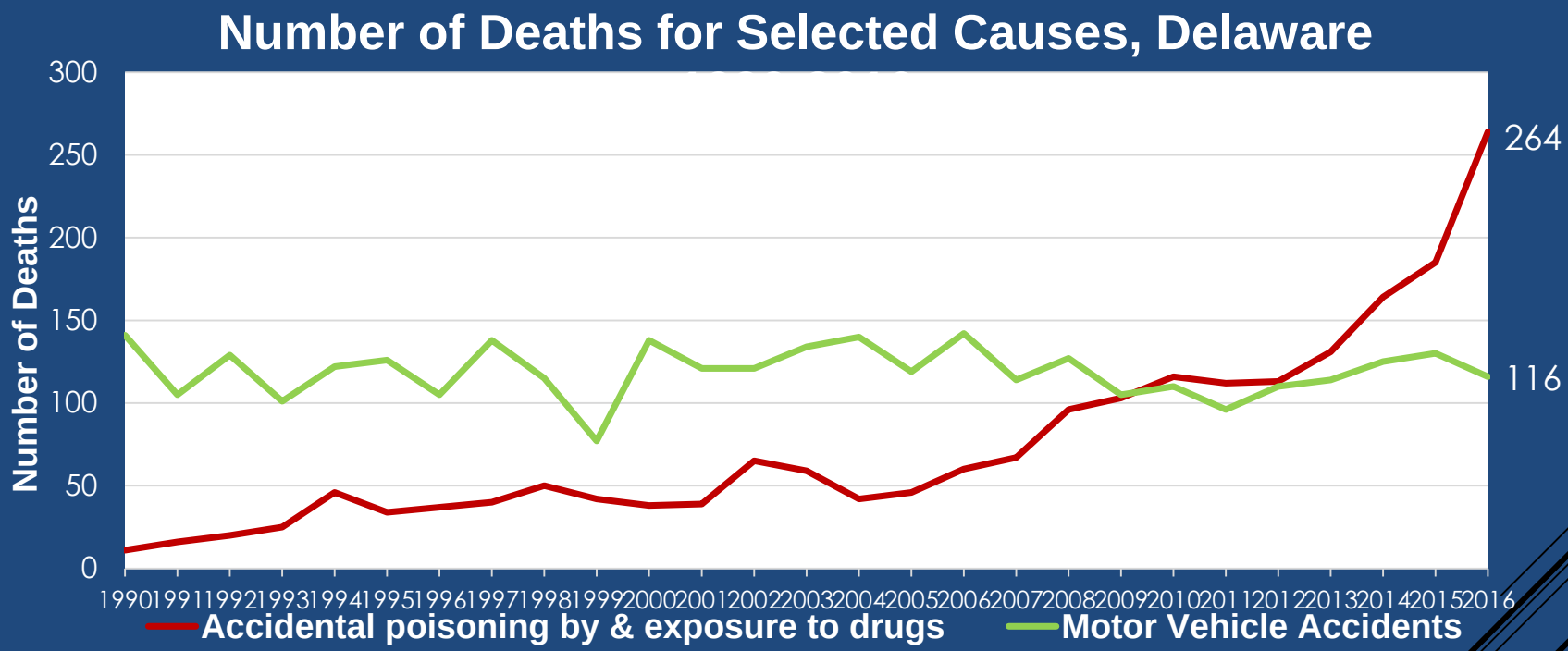
Delaware Addiction Strategy

Karyl T. Rattay, MD, MS, FAAP

Director, Division of Public Health

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

2009: When drug overdose deaths exceeded motor vehicle deaths



Note: Numbers for 2016 are preliminary only.
Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, Division of Public Health

DHSS
ADDICTION STRATEGY

DHSS Strategy Map

Vision: Delaware has a coordinated and comprehensive approach to prevent, identify, effectively treat and support those impacted by substance use disorder.

Revised 09-22-2017

Perspective

STRATEGIC OBJECTIVES

Health Status

Implementation

Process & Learning

Assets

Strategic Focus:

Prevent Substance Abuse

Executive Sponsor: Karyl Rattay

1. Reduction in substance abuse, non-fatal Overdoses and overdose deaths
2. Prevent life-threatening adverse outcomes
3. Diagnose, engage, treat and support individuals with addictions and substance use disorders
4. Reduce the need to self-medicate, control access to addictive substances and promote protective factors
5. Surveillance
6. Communication
7. Grants, Contracts, and Payment Strategies
8. Partnerships
9. Workforce

STRATEGY MAP

Perspectives

Health Status Outcomes – *which are improve by:*

Implementation – projects, services, actions to improve health, *which are made more effective by:*

Learning & Process – policy & plans, evaluation, health status monitoring, research, *which are made more effective by:*

Assets – financial & non-financial resources, engaged community members & partners, competent workforce

STRATEGY MAP

- Measures and initiatives are associated with each objective, which can be included in a balanced scorecard,* a key component of a performance management system.

- InsightVision performance management and dashboard reporting system intro

*The concept of a balanced scorecard was first advanced by Robert Kaplan and David Norton in the 1990's.

DHSS Strategy Map

Vision: Delaware has a coordinated and comprehensive approach to prevent, identify, effectively treat and support those impacted by substance use disorder.

Revised 09-22-2017

Perspective	STRATEGIC OBJECTIVES
Health Status	**Strategic Focus:** Prevent Substance Abuse 1. Reduction in substance abuse, non-fatal Overdoses and overdose deaths
Implementation	2. Prevent life-threatening adverse outcomes 3. Diagnose, engage, treat and support individuals with addictions and substance use disorders 4. Reduce the need to self-medicate, control access to addictive substances and promote protective factors
Process & Learning	5. Surveillance 6. Communication
Assets	7. Grants, Contracts, and Payment Strategies 8. Partnerships 9. Workforce

Executive Sponsor: Karyl Rattay

OBJECTIVE 1 AND 5

Health Status

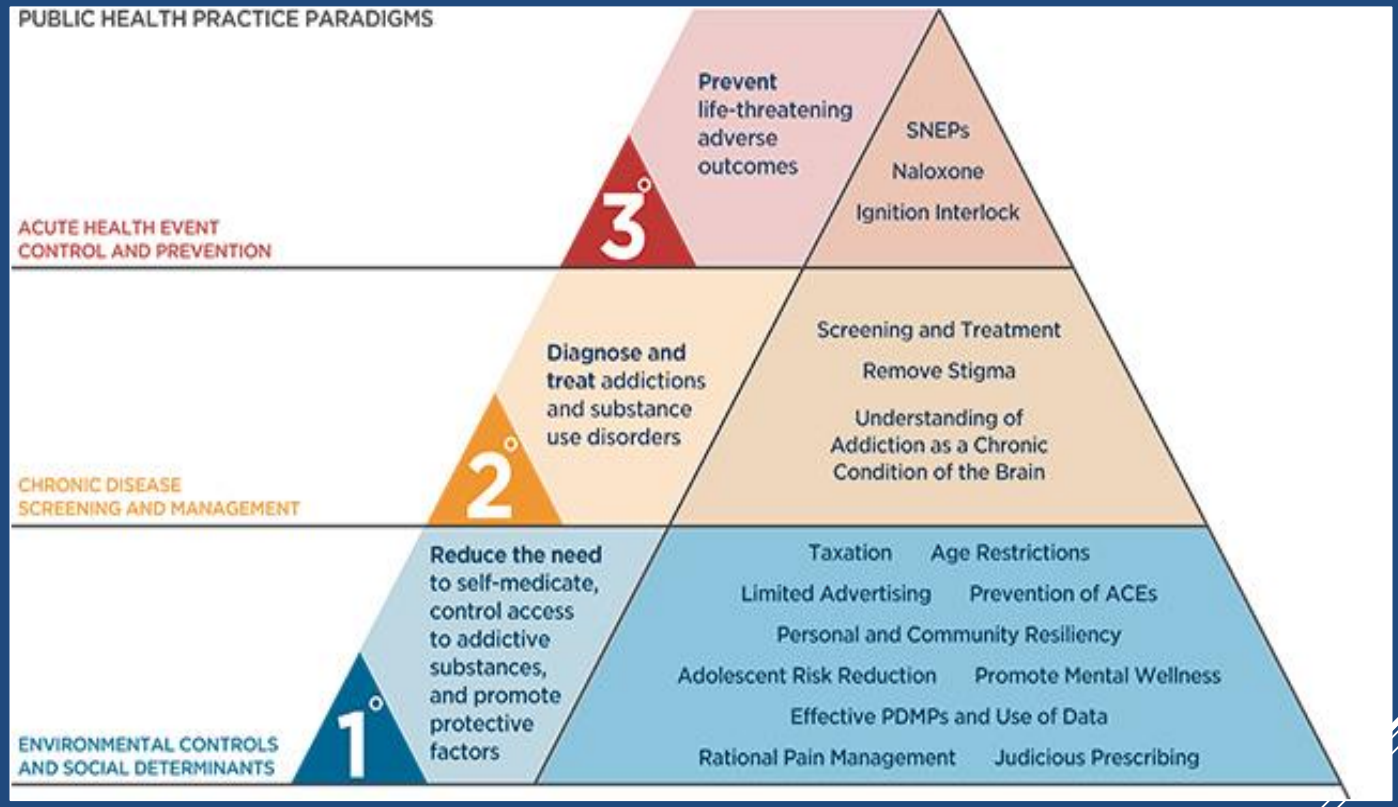
Process & Learning

1. **Reduction in substance abuse, non-fatal Overdoses and overdose deaths**

5. **Surveillance**

- Outcome measures to monitor progress and surveillance measures to reveal areas where interventions need to be adjusted
- Measures will focus on prevention, treatment, and harm reduction; care system measures around follow-up support, "warm handoffs," mental health referrals, and care system effectiveness

Substance Misuse and Addictions Prevention Framework



Source: Association of State and Territorial Health Officials

OBJECTIVE 2

Implementation

2. Prevent life-threatening adverse outcomes

- **Widespread access to Naloxone**
- **Establish sustainable source for Naloxone - first responders**
- **Increased support for first responders and emergency departments**
- **Expand & provide resources to Syringe Services Program**

OBJECTIVE 3

Implementation

3. Diagnose, engage, treat and support individuals with addictions and substance use disorders

- **Adopt comprehensive and coordinated Addiction/Substance Use Disorder Centers of Excellence model system in Delaware**
- **Increase capacity of system – providers, nationally certified peers, mental health providers, and support structure**
- **Assure "warm handoffs" are in place throughout care system**
- **Continuously evaluate system; including customers and implement real-time improvements**

THE TREATMENT LANDSCAPE

- **8,150 public treatment admissions** for addiction in 2016. Heroin was the most common primary drug listed at time of admission.
- Thousands more sought **private treatment,** in-state or out-of-state.
- In the past decade, the number of people in Delaware with an OUD nearly doubled from 6,000 to 11,000.
- During the same period, the number receiving OUD treatment increased by 500% from 1,000 to 5,000 people – leaving a gap of 6,000.

STATE'S TREATMENT RESPONSE

TREATMENT SERVICES AND CENTERS

- **Withdrawal management:** Two centers in the state.
- **Residential treatment:** Increased capacity across 4 locations.
- **Young adult opiate residential treatment:** Doubled capacity.
- **Sober living beds:** Doubled capacity.
- **Outpatient treatment:** Expanded services to include full continuum of support.
- **Recovery Response Center:** Newark and Ellendale centers for 24/7 crisis

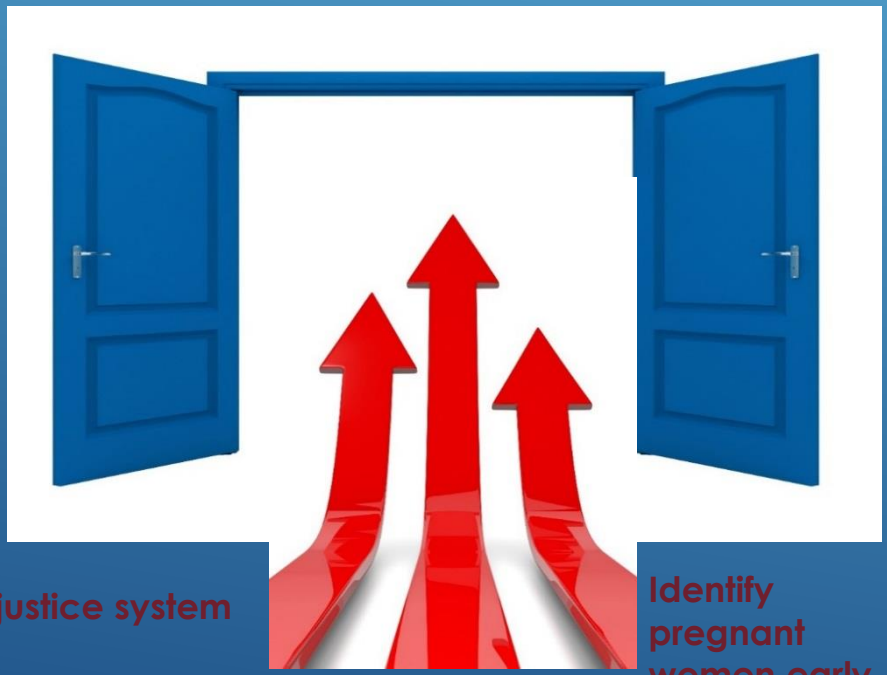
STATE'S TREATMENT CAPACITY
AS OF OCTOBER 24TH

- Withdrawal management:
  - 52 slots available
- Residential treatment:
  - 3 slots available
  - 1 provider has a wait list of 4
- Young adult opiate residential treatment:
  - 20 available slots
- Sober living beds:
  - 15 slots available
  - 69 on the wait list
- Outpatient treatment:
  - No known wait list

STAKEHOLDER PERCEPTIONS

- Clients are unclear how to access the system in general or how to obtain treatment without undue delays.
- Practitioners who are not addiction specialists (e.g. first responders, primary care and ED physicians and law enforcement) but who interact with individuals with OUD do not know how the treatment system works, specifically with regard to criteria for admission and payment for services.
- Stakeholders expressed that siloed communications networks were a barrier to recovery
- Various stakeholders found the shortage of MAT prescribers (especially suboxone) to be a barrier to timely care.

OPPORTUNITIES TO ENGAGE PEOPLE INTO TREATMENT



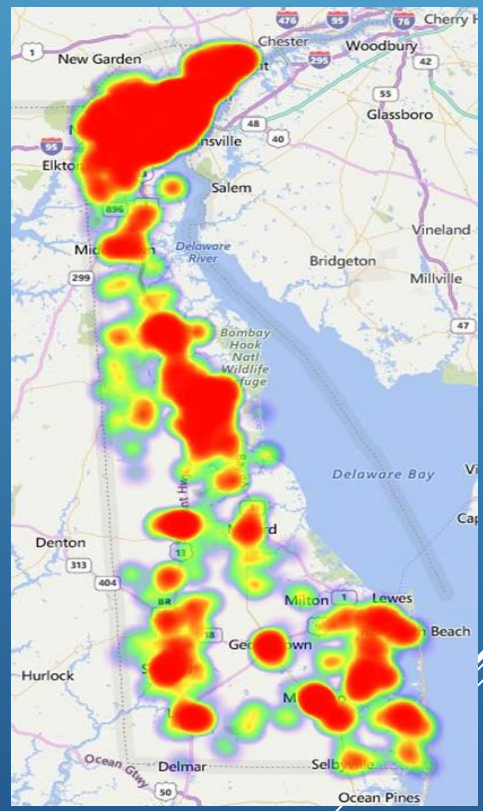
Criminal justice system

Identify pregnant women early

EMS referrals

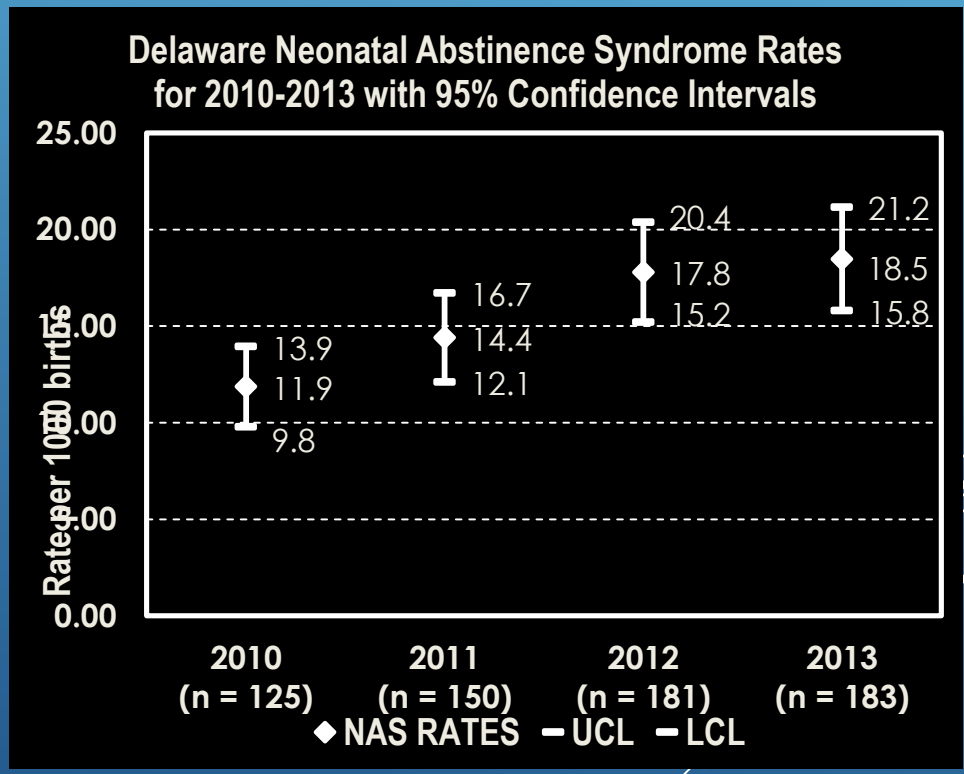
NON-FATAL OVERDOSES

- There were a total of 1,534 Narcan patients and 2,274 Narcan doses administered during the year of 2016.
- The top 5 Narcan administration locations are: Wilmington (26%), Newark (12%), New Castle (7%), Dover (7%) and Millsboro (5%).
- 62% of Narcan patients are males.
- 73% of all Narcan administrations took place at a home/residence.

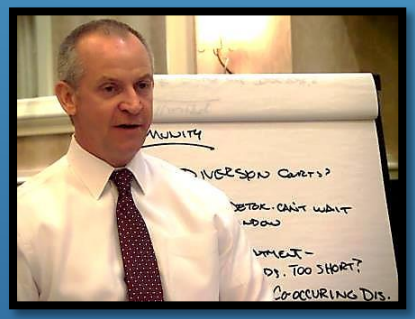


RESULTS FROM HOSPITAL DISCHARGE DATA, DELAWARE, 2010-2013

- 639 NAS cases identified.
- Overall NAS rate in 2010-2013 was 15.6 (95% CI: 14.4 – 16.8) per 1000 births.
- NAS rate in 2013 was 18.5 (95% CI: 15.8 – 21.2).
- 56% increase in NAS rates during 2010-2013.
- U.S. NAS rate is 5.8 per 1,000 births*.



CRIMINAL JUSTICE/LAW ENFORCEMENT

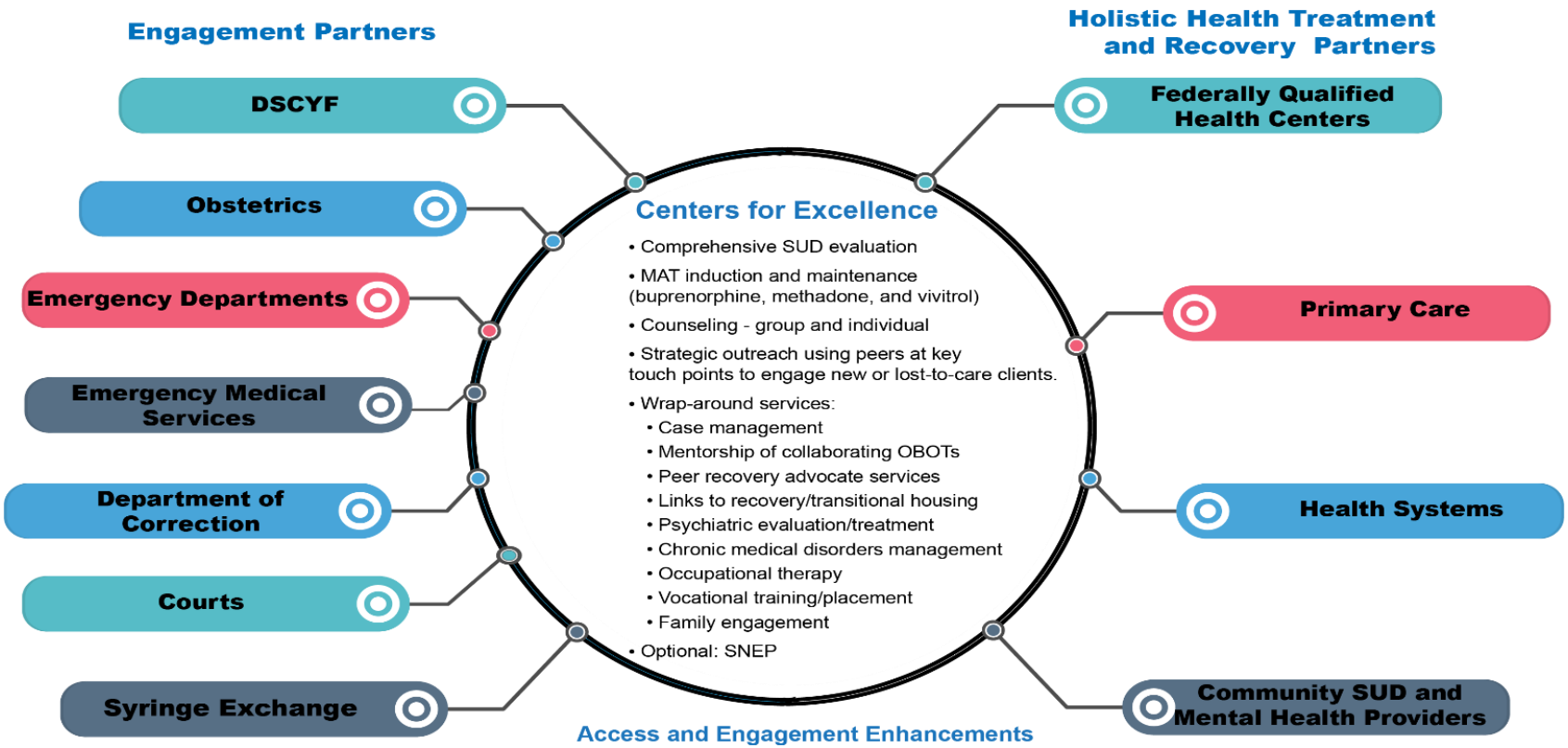


- Estimates are that approximately 80% of inmates are substance involved and between 46-60% of those incarcerated meet the diagnosis of SUD.
- Approximately 3,542 individuals in DOC have an OUD.
- Department of Correction is implementing the Crest and Key and Aftercare programs and is focused on re-entry to provide a handoff to continuing treatment in the community.

OUR SYSTEM NEEDS WORK

- Too many people are not finding their way into treatment fast enough when they are ready.
- Too many people are not receiving treatment such as medication-assisted treatment which is best supported by science.
- Too many people are falling through the cracks when they transition from one level of treatment to another.

Coordinated Substance Use Disorder Treatment System



OBJECTIVE 4

Implementation

4. Reduce the need to self-medicate, control access to addictive substances and promote protective factors

- **Control access to addictive substances**

--safe prescribing; non-opioid pain mgt.; safe storage & disposal; increase illicit drug confiscation

- **Reduce need to self medicate & promote protective factors**

--Botvin life skills training in schools & youth orgs.; Trauma Informed Care training for professionals; align w/Healthy Neighborhood work

OBJECTIVE 6

Process & Learning

6. Communication

- Educate prescribers on Prescription Monitoring Program (Requirements & benefits)
- Ed. OB GYN med providers to prevent, recognize, & treat substance exposure in infants
- Ed. pregnant women on substance use disorder & how to access treatment
- Ed. first responders & ER staff on how to access treatment, safe drug disposal, & use of Naloxone
- Implement overall comm. strategy on prevention, addiction & substance use disorder

Help is Here website: one-stop addiction resource

- Prevention information for physicians to make practice changes.
- For parents to talk with their children.
- For loved ones seeking treatment and recovery resources.

OBJECTIVE 7-9

Assets

7. Grants, Contracts, and Payment Strategies

8. Partnerships

9. Workforce

- **Identify available funding for new priority initiatives**
  --align funding w/new SUD priorities; evaluate effectiveness of programs
- **Establish new strategic partnerships to enhance substance use disorder prevention & treatment systems**
  --integration of behavioral health & primary care
- **Increase workforce competence & capacity to address substance use disorder**
  --workforce to support Centers of Excellence Treatment Model

PRESCRIPTION DRUG ACTION COMMITTEE (PDAC)

- Launched in January of 2012
- Coordinated public, private and community efforts to combat prescription drug abuse, misuse, and diversion.
- Had a broad and diverse membership.
- PDAC implemented many of its priority recommendations throughout the years. Read the PDAC report at:

  http://dhss.delaware.gov/dhss/dph/pdachome.html.

Addiction Action Committee

- Created by HB-220
- Signed by Governor Carney on August 16, 2017
- Representatives from State Agencies, Professional Communities and the Public
- Successor to the Prescription Drug Action Committee
- Created to operate under the umbrella of the Behavioral Health Consortium
- The Consortium is a statewide, coordinated effort, lead by Lt. Governor Bethany Hall-Long, to increase communication, collaboration and cooperation among agencies and stakeholders working on behavioral health and substance abuse issues in Delaware.

WORKING GROUPS

- Pain Management *
  - Ensuring access to non-opioid approaches to pain management
- Safe Opioid Prescribing*
  - Provider education and practice change support
- Public Education
  - Youth and their families; general public
- Access to Treatment
  - Access to Effective SUD Treatment
  - Linking Those Who Have Overdosed to Treatment
- Criminal Justice
  - Engaging individuals into treatment from the criminal justice system

Thank You!

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

ChooseHealth DELAWARE

DHIN UPDATE

DHIN – Innovative Solutions That Make Health Data Useful

Jan Lee, MD
Chief Executive Officer
12.07.2017

Supporting the Triple Aim: DHIN Services

Core Services

- **Clinical Results Delivery**
  - EHR integration
  - Inbox on provider web portal
  - Autoprint
- **Community Health Record (CHR)**

  Longitudinal patient record crossing time, geography, and care settings

NOTE: DHIN is transitioning to new vendor partners for these services

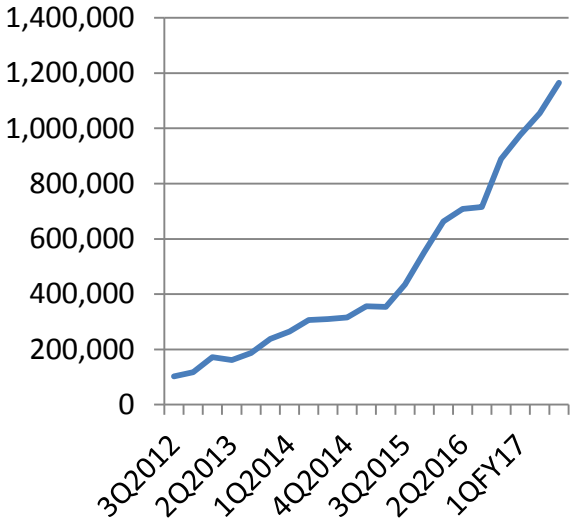
Additional Services (not a complete list)

- Public Health Reporting

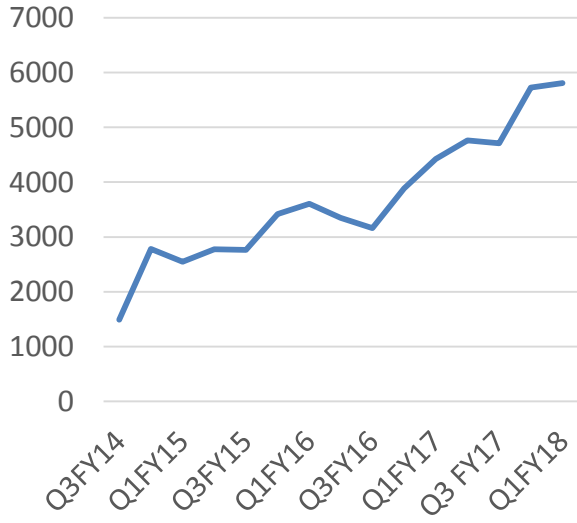
  (ELR, Syndromic Surveillance, Immunization, newborn hearing screening)
- **Care Summary Exchange**
- Medication History
- Image Sharing
- Specimen location for research
- **Event Notification Service**
- DMOST Registry (in dev.)
- Analytics/Reporting Service
- Fraud Detection
- **Common Provider Scorecard**
- **Patient Portal / PHR**
- **Health Care Claims Database** (in dev.)

Growing Utilization of the CHR

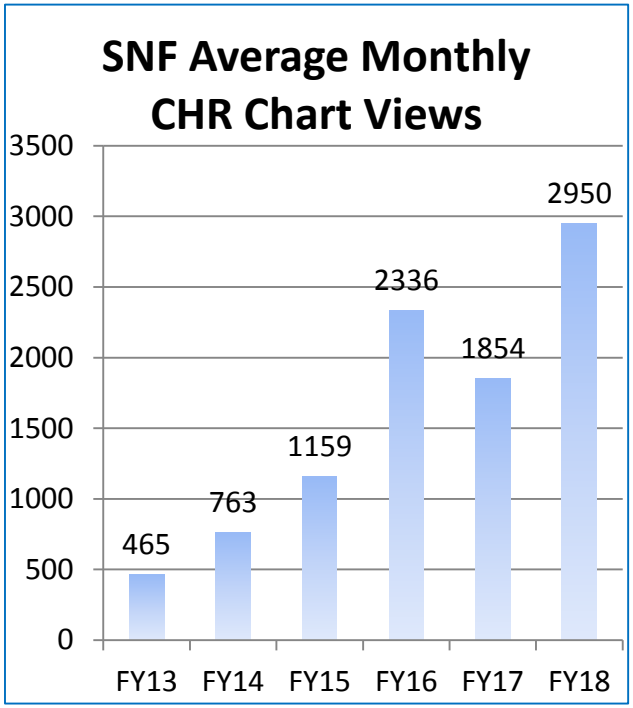
CHR Chart Views by Ambulatory Entities

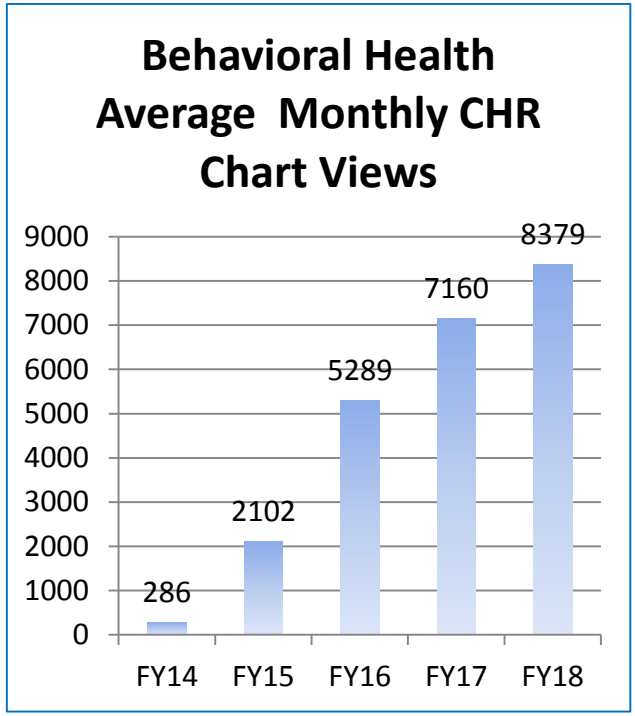


CHR Chart Views in ED Setting

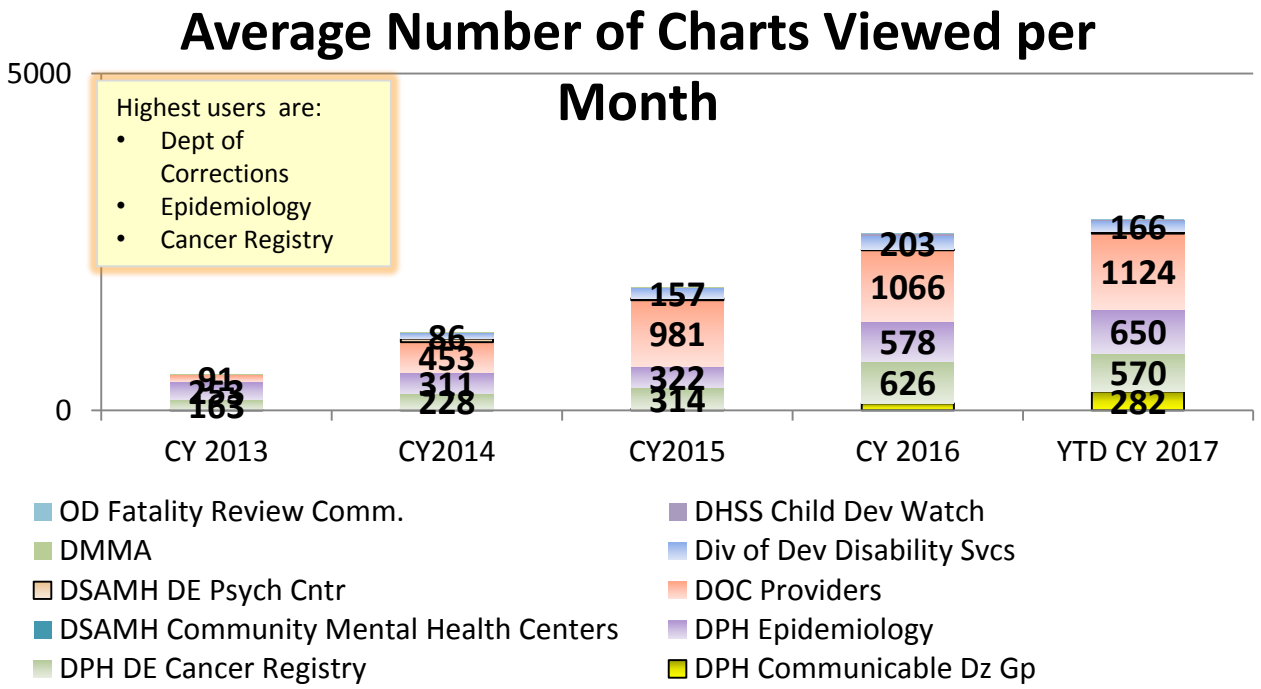


CHR Chart Views: Special Constituencies

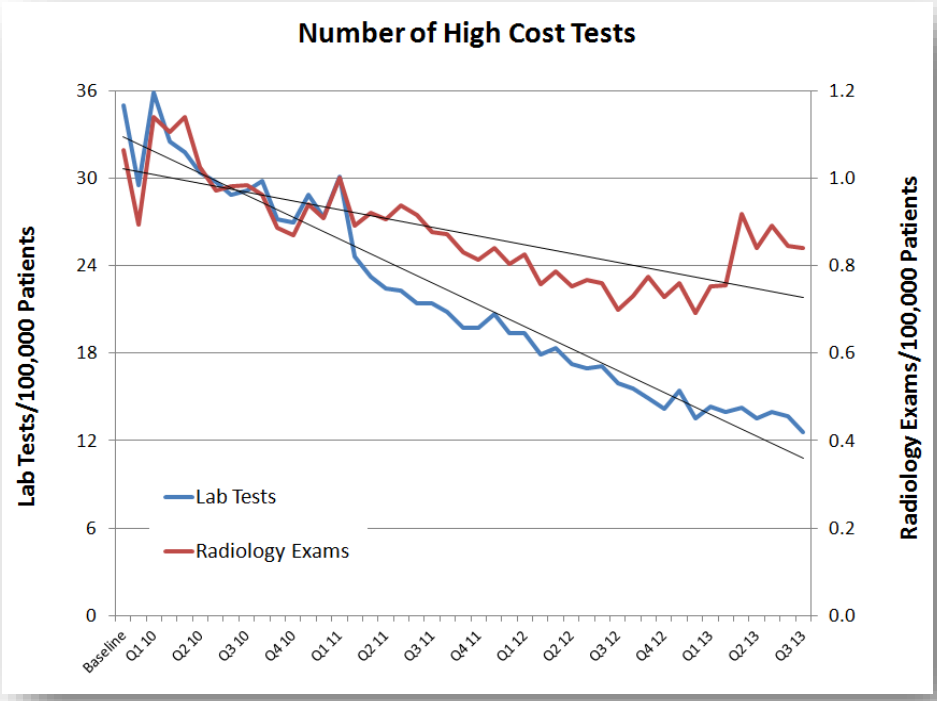




Utilization of the CHR by State Agencies



Lowering the Cost of Care



- Nominal cost savings per test: $250
- Potential annual savings across the state: $5,979,864

Supporting Care Coordination – Event Notification Service

Supported "events" include:

- Hospital or ED admissions or discharges
- SNF admissions or discharges
- Telehealth encounter
- Walk-in clinic visit
- Receipt of a Care Summary

How it Works:

- Subscriber provides roster of patients (or "auto-subscribe")
- Incoming ADTs are compared to that roster
- A "match" generates a notification that an "event" occurred

Configuration Options:

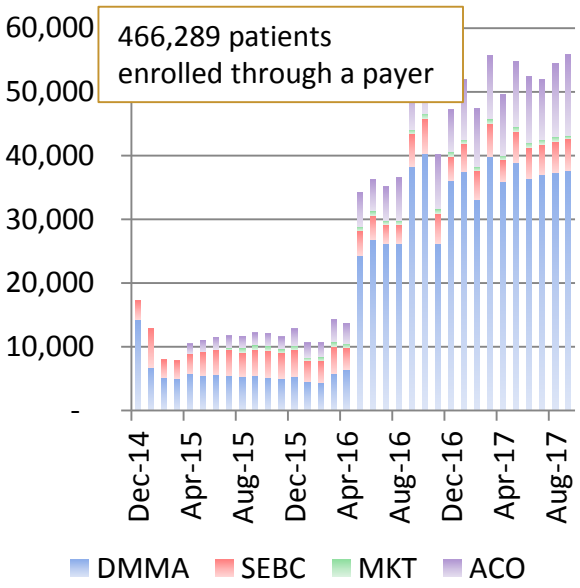
- Events to be notified
- Channel for sending notifications (SFTP drop of CSV file, message into EHR, web portal)

On the horizon:

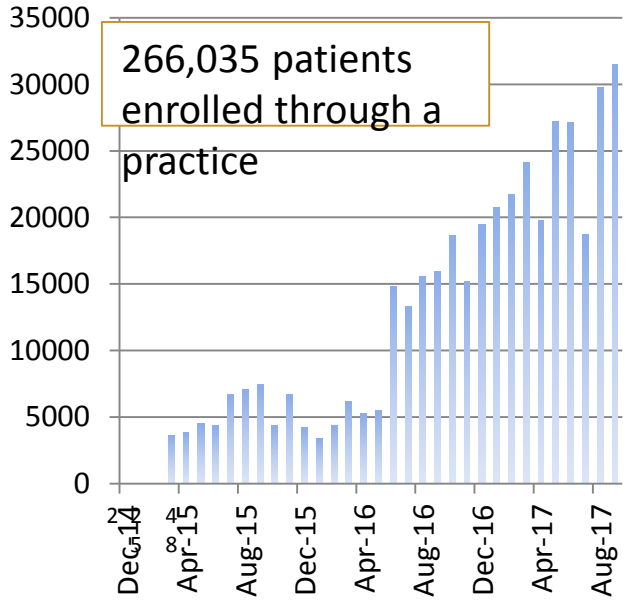
- Notification of abnormal labs
- Care Summary transmission

- 87.3K notifications in Sep 2017

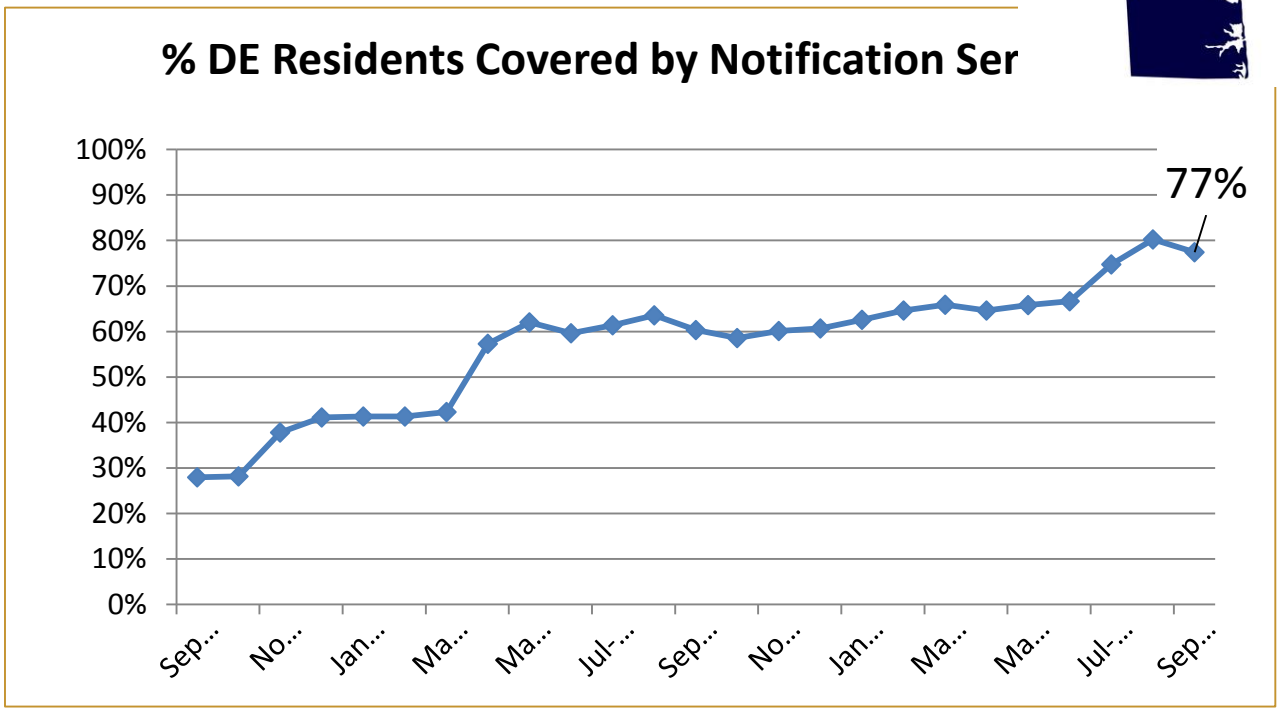
Notifications to Payers



Notification to Practices



Event Notification



Growth in Data Senders Enriches Both CHR and ENS

"Traditional" Data Senders

- Hospitals – 100%+
- Laboratories -- ~100%
- Imaging Groups -- ~95%

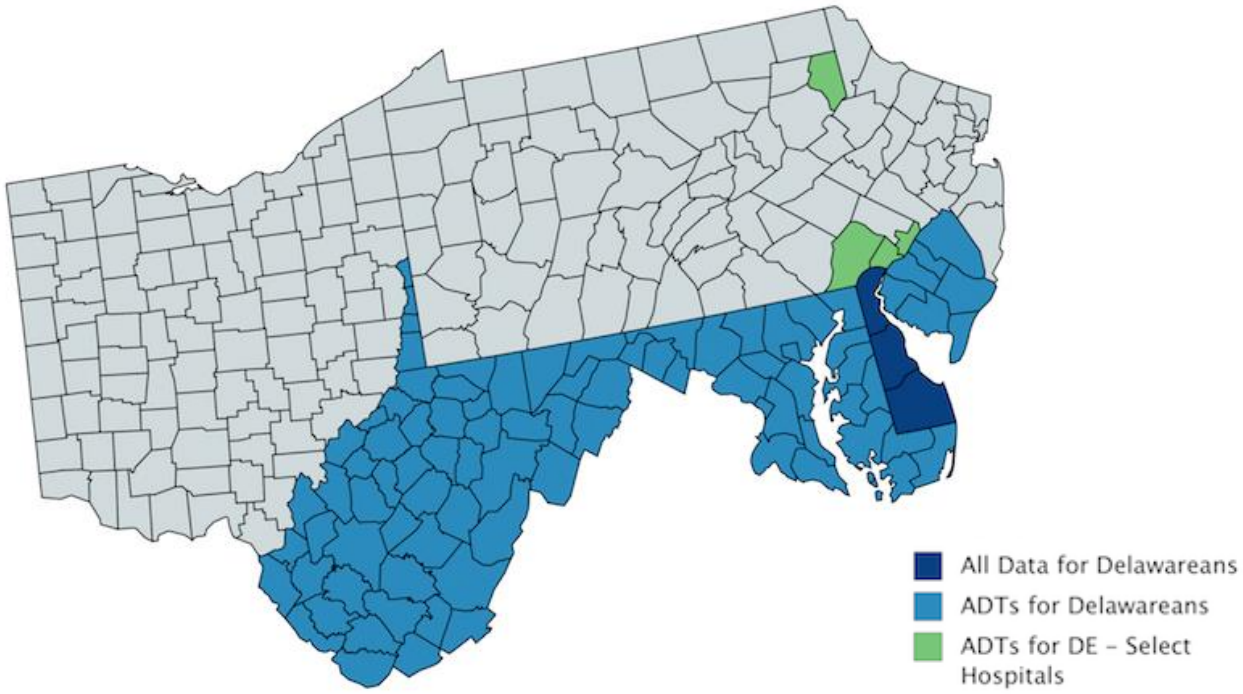
End Users

- Ambulatory/ED/ Inpatient Providers – 100%+
- FHQCs – 100%
- School clinics – 100%
- SNFs – 100%
- Behavioral Health – 47%
- State agencies

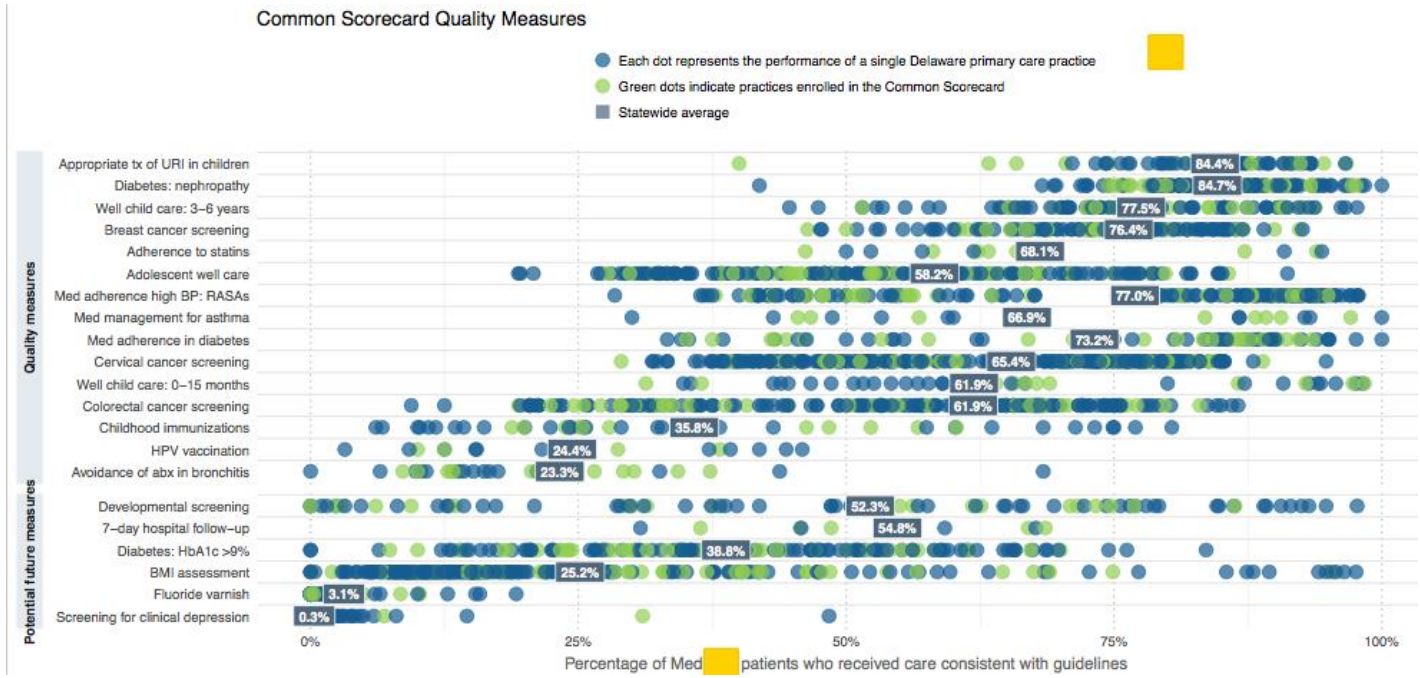
Newer Data Senders

- Walk-in/Urgent Care Clinics -- 7
- Telehealth Providers -- 2
- Ambulatory Practices -- 135
- Nursing Homes -- 5
- Other State HIEs -- 5
- Sleep Center -- 1
- Dialysis Center -- 1

Geographic Sources of DHIN Data



Common Provider Scorecard



Health Care Claims Database

Legal Framework

- Jul ‘16 – SB 238 established HCCD under DHIN
- Oct ‘17 –Data Collection Reg
- Dec ‘17 – Data Access Reg posted for 45 days of public comment
  - (Send comments to info@dhin.org)
  - Sub-regulatory companion documents are posted to www.dhin.org
- Expect final Data Access Regulation in March ‘18
- Earliest date DHIN can expect to begin receiving data is April ’18

Parallel Activities

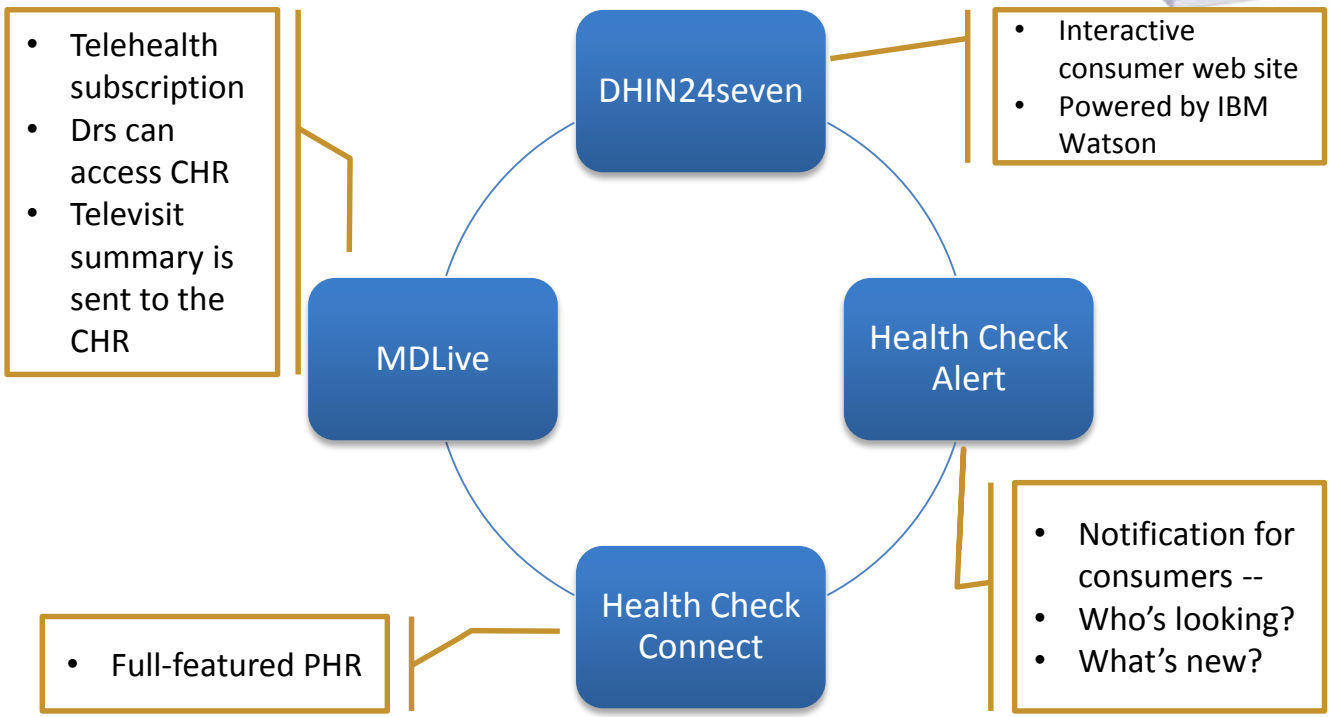
- Staffing plan
- Reporting plan
- Evaluate technology platform and tools (possible procurement)
- Secure Data Sharing and Use Agreement with reporting entities

16 *Del. C.* Ch 103, Subchapter II

- § 10311(4)(c) The DHIN, assisted by the D[illegible]nt of Health and Social Services and the Delaware Health Care Commission as necessary, shall administer a centralized health-care claims database, known as the "Delaware Health Care Claims Database."

- § 10314(a)(2) The DHIN shall, in consultation with the Delaware Health Care Commission, promulgate rules and regulations regarding the appropriate form and content of an application to receive claims data, providing examples of requests for claims data that will generally be deemed consistent with the purposes of this subchapter.

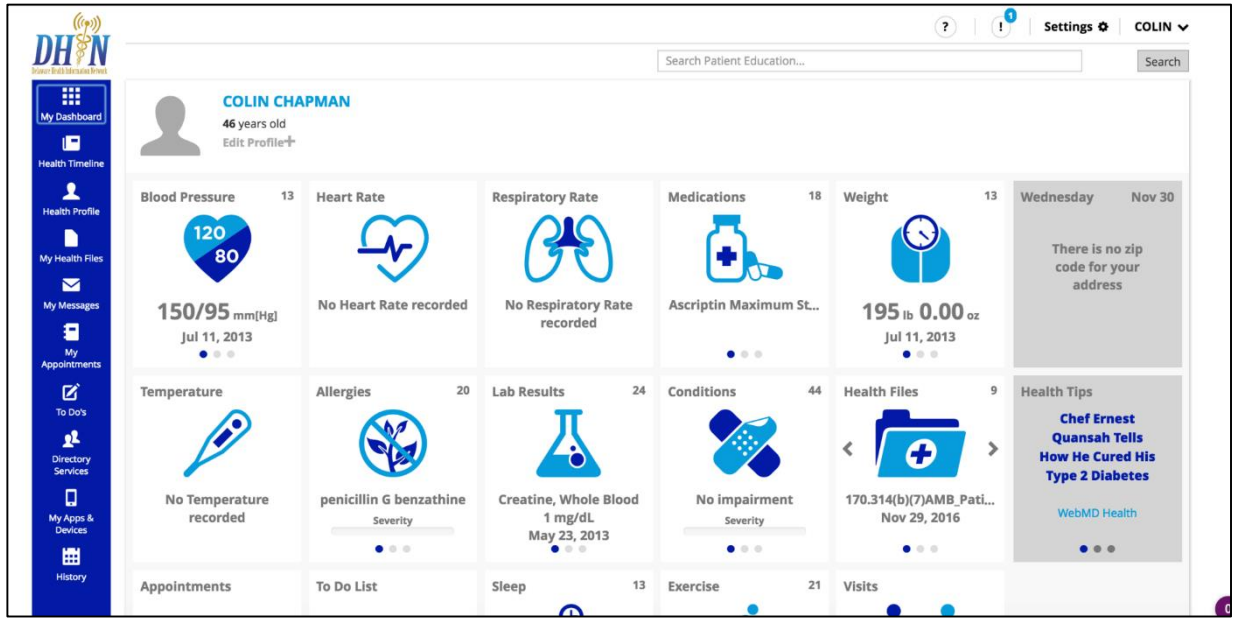
Consumer Engagement: A Suite of Complementary Services




Health Alert
POWERED BY DHIN
PROTECT YOUR HEALTHCARE & YOUR IDENTITY
Did You Know...
Nearly 2.5 Million Americans Have Been The Victims of Healthcare Fraud*
MESSAGES
11/16/2016 Wed
A new test result was delivered to your doctor. Reply "C" to confirm.
1:57PM
Enter message
Send
Enroll Today In
Health Check Alert
A FREE Service from Delaware Medicaid
Health Alert
POWERED BY DHIN

HealthConnect

POWERED BY DHIN



Goal for the End State:

Consumers can access all of their health data across geography, time, and care settings through a single login – they see the same data their provider sees

- An existing patient portal can call data from the DHIN data repository via API
- A practice without a portal can use a practice-branded instance of the PHR (must be sending CCDs to DHIN in order for patient to see the practice's data)
- A DHIN-branded instance of the PHR will be provided for patients with no other option

Summary:

- DHIN is fulfilling its statutory purpose
- The value of DHIN grows with increasing participation
- Ideally, all participants should both receive and contribute value
- DHIN is an important tool in achieving the ”Triple Aim” of better care, healthier people, and lower costs
- Technology is an enabler, not an end in itself…
- ...But you can’t do transformation without technology
- DHIN stands ready to provide additional tools and services as demand dictates and funding enables

A Health Information Ecosystem…

… in which all participants both contribute and receive value

ChooseHealth DELAWARE

Common Scorecard

December 7, 2017

DE Common Scorecard

- Key component of DE's SIM transformation plan:
  - Developed by DCHI Clinical Committee
  - Consensus-based set of 20 + quality and efficiency metrics across quality domains:
    - Prevention
    - Chronic disease management
    - Care coordination and follow up
    - Utilization and cost of care
  - Includes pediatric, adult metrics
  - Standardized, many used by programs and payers (HEDIS/NCQA/CMS)
  - Expected to evolve over time

DE Common Scorecard

- Furthers multiple SIM goals and transformation drivers:
  - Support value-based payment models
  - Practice transformation and improvement
  - Patient engagement in their health
  - Transparency
- DHIN leadership and expertise, with payer cooperation
  - Payers provide data
  - DHIN plays major role

DE Common Scorecard

- Proposal: Release aggregate scorecard results in public domain
  - Target release date Q1 2017
  - Release with detailed description of data sources and methods
  - In consultation with HCC, DCHI Clinical Committee
  - Accessible and consumer-friendly format
- Vision: Integration of Scorecard with Health Care Benchmark
  - Value = Quality & Outcomes/Costs
  - Mutual accountability, tracking, transparency tool
- Next step: Deeper dive & discussion for January 2018 HCC meeting

Example from Oregon

Measure	Oregon Average	Oregon's Best Benchmark	Combined HEDIS National 90th Percentile*	3-Year Trend for Oregon Average
Women's Screenings				7/12-6/13 7/13-6/14 7/14-6/15
Breast Cancer Screening ‡	75.7%	89.3%	77.8%	68.1% 70.4% 75.7%
Cervical Cancer Screening	61.1%	81.4%	74.7%	64.5% 55.3% 61.1%
Chlamydia Screening	41.5%	62.8%	63.6%	45.2% 37.7% 41.5%
Adult Quality Measures				7/12-6/13 7/13-6/14 7/14-6/15
Alcohol and Drug Misuse (SBIRT) - Adult ‡	4.5%	22.2%	N/A	0.1% 1.4% 4.5%
Antidepressant Medication Management (Short Term)	67.8%	80.6%	71.0%	74.4% 66.9% 67.8%
Antidepressant Medication Management (Long Term)	54.7%	68.4%	57.5%	61.7% 52.0% 54.7%
Admissions for Ambulatory Sensitive Conditions - Overall per 1,000 † ‡	6.2	2.0	N/A	- 10.4 6.2
Admissions for Ambulatory Sensitive Conditions - Acute per 1,000 † ‡	1.8	0.1	N/A	- 3.7 1.8

Delaware's State Innovation Model (SIM) Update

Health Management Associates

DELAWARE HEALTH AND SOCIAL SERVICES

HEALTH MANAGEMENT ASSOCIATES

Update on State Innovation Model (SIM) Activities: Behavioral Health Integration & Healthy Neighborhoods

WWW.HEALTHMANAGEMENT.COM

DELAWARE HEALTH AND SOCIAL SERVICES

HEALTH MANAGEMENT ASSOCIATES

Update on State Innovation Model (SIM) Activities: Behavioral Health Integration & Healthy Neighborhoods

WWW.HEALTHMANAGEMENT.COM

DELAWARE HEALTH AND SOCIAL SERVICES

HEALTH MANAGEMENT ASSOCIATES

Update on Delaware HCC Behavioral Health Integration Pilot Program

DECEMBER 7, 2017

DEVELOP AND IMPLEMENT A STRATEGY TO PROMOTE INTEGRATION OF PRIMARY CARE AND BEHAVIORAL HEALTH…

- **Offering several options of pilots along the continuum of behavioral health integration:**
  - Building referral relationship and connectivity between primary care and behavioral health practices
  - Co-location model development
  - Full integration through the collaborative care model
  - Integration of primary care into behavioral health
  - Assistance with HIT tools to aid in integration and connectivity
- **We want to work with the Delaware clinics wherever they are starting from and adapt and enhance what's already working**

BEHAVIORAL HEALTH INTEGRATION PILOT PROGRAM

Recruitment of practices and working with them where they are at along the continuum of integration

Offer technical assistance at multiple levels: learning collaboratives, content webinars, onsite practice coaching and network and knowledge sharing venues

HIT/EMR Assistance Program – being developed to offer technology assistance and tools to support integration models

Using data to drive integration efforts

Learn about financing integration in a changing payment environment

Evaluation program – learning styles and modalities, implementation success, and patient outcomes

UPDATE | CURRENT STATUS

- Conducted 2 kickoff webinars and have sent application to all those in attendance. Flyer, application and webinar recording is also available on the HCC website
- 5 applications received so far
- Met with the DCHI Clinical Committee the week of Thanksgiving and the first week in December holding multiple stakeholder meetings across the state to continue recruitment strategy as well as
- Beginning to plan the site visits in January and learning collaboratives for February

DISCUSSION ON NEXT STEPS

- **How do we learn and build on what is already happening in the state?**
  - Transformation work
  - Integration work
  - Other
- **Any suggestions for key thought leaders in the state, partners that would be critical for training, coaching, recruiting?**
- **Any suggestions to help develop the EMR/HIT assistance part of the program?**

CONTACT US

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HEALTH MANAGEMENT ASSOCIATES

DELAWARE HEALTH AND SOCIAL SERVICES

HEALTH MANAGEMENT ASSOCIATES

Update on Delaware Healthy Neighborhoods Initiative

DECEMBER 7, 2017

HMA Team had created phased approach in order to select fiscal agent and begin disbursement of mini-grants.

PHASE I

Hosting Listening Sessions

NOW

PHASE II

Final Healthy Neighborhoods Model Rolled Out

December 15, 2017

PHASE III

Fiscal Agent Selected

January 15, 2018

PROPOSED MODEL

HEALTHY NEIGHBORHOODS MODEL

STATEWIDE FISCAL AGENT
Fiscal agent will disburse funds directly to Neighborhood Initiatives

3-STEP MINI-GRANT DISBURSEMENT
1. Complete Readiness Assessment
2. Present to statewide sounding board to obtain support and ensure sustainability
3. Obtain Local Council approval

STATEWIDE CONSORTIUM
Shared learning, community-level data, sustainability, policy

Q&A / DISCUSSION

- Who are critical stakeholders?
- What are we missing or not thinking about?

CONTACT ME

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HMA

HEALTH MANAGEMENT ASSOCIATES

DELAWARE HEALTH AND SOCIAL SERVICES

HEALTH MANAGEMENT ASSOCIATES

Update on Delaware HCC Behavioral Health Integration Pilot Program

DECEMBER 7, 2017

DEVELOP AND IMPLEMENT A STRATEGY TO PROMOTE INTEGRATION OF PRIMARY CARE AND BEHAVIORAL HEALTH…

- **Offering several options of pilots along the continuum of behavioral health integration:**
  - Building referral relationship and connectivity between primary care and behavioral health practices
  - Co-location model development
  - Full integration through the collaborative care model
  - Integration of primary care into behavioral health
  - Assistance with HIT tools to aid in integration and connectivity
- **We want to work with the Delaware clinics wherever they are starting from and adapt and enhance what's already working**

BEHAVIORAL HEALTH INTEGRATION PILOT PROGRAM

Recruitment of practices and working with them where they are at along the continuum of integration

Offer technical assistance at multiple levels: learning collaboratives, content webinars, onsite practice coaching and network and

HIT/EMR Assistance Program – being developed to offer technology assistance and tools to support integration models

Using data to drive integration efforts

Learn about financing integration in a changing payment environment

Evaluation program – learning styles and modalities, implementation success, and patient outcomes

UPDATE | CURRENT STATUS

- Conducted 2 kickoff webinars and have sent application to all those in attendance. Flyer, application and webinar recording is also available on the HCC website
- 5 applications received so far
- Met with the DCHI Clinical Committee the week of Thanksgiving and the first week in December holding multiple stakeholder meetings across the state to continue recruitment strategy as well as
- Beginning to plan the site visits in January and learning collaboratives for February

DISCUSSION ON NEXT STEPS

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ChooseHealth
DELAWARE

THANK YOU!